## South Carolina Department of Motor Vehicles COUNTY VETERANS AFFAIRS OFFICERS LICENSE PLATE APPLICATION

## APPLICATION (PLEASE TYPE OR PRINT IN BLACK INK):

1. Plate is for private passenger motor vehicles owned by the County Veterans Affairs Officer.
2. Only one license plate may be issued to an applicant.
3. The fee for this plate is $\$ \mathbf{3 0 . 0 0}$ plus regular registration fees.
4. Mail application and check or money order payable to SCDMV to:
S.C. Department of Motor Vehicles, P.O. Box 1498, Blythewood, S.C. 29016-0038

- The plates are for cars or light trucks with an empty weight of $9,000 \mathrm{lbs}$. or less and a gross weight of $11,000 \mathrm{lbs}$.
- Depending on your present expiration date, an updated tax receipt and additional fees may be required.
- If you no longer meet the requirements for the special plate, you must return it to your local DMV office.
- Registration fees are as follows

Passenger Cars - $\$ 40.00$
Light Trucks GVW Fees:

| $0001-4000$ | $\$ 30.00$ | $7001-8000$ | $\$ 80.00$ |
| :--- | :--- | :--- | :--- |
| $4001-5000$ | $\$ 40.00$ | $8001-9000$ | $\$ 90.00$ |
| $5001-6000$ | $\$ 60.00$ | $9001-10,000$ | $\$ 100.00$ |
| $6001-7000$ | $\$ 70.00$ | $10,000-11,000$ | $\$ 110.00$ |

- $\quad$ Senior Citizen Fees are as follows:

Cars - $\$ 36.00$ (age 65) $\$ 38.00$ (age 64)
Light Trucks with a GVW of no more than 6,000 lbs. fees are $\$ 30.00$

- **No senior citizen discount on special plate fee; discount is received on regular registration fee only**


## APPLICANT INFORMATION

| Last Name First Name | M.I. |
| :---: | :---: |
| Street Address |  |
| Mailing Address |  |
| City State ${ }^{\text {Cip Code }}$ | E-mail Address |
| Telephone Number (Home) (Work) | (Mobile) |
| Vehicle Identification Number Make | Year Current Vehicle Plate Number |
| INSURANCE INFORMATION <br> Under penalties of perjury, I declare this vehicle is insured with the company named below and I will maintain liability insurance throughout the registration period. <br> Name of Insurance Company: $\qquad$ |  |
| YES, I wish to donate \$5.00, more or less, to Donate Life S.C. Amount of donation \$___ 00 |  |

## APPLICANT CERTIFICATION

I certify all information provided in this application is true and correct.
Printed Name
Signature

## TO BE COMPLETED BY AUTHORIZED AGENT (CONTACT PERSON)

I certify that the above applicant is a county Veterans Affairs Officer entitled to a special license plate issued in accordance with Section 56-3-7000 of the South Carolina Code of Laws.

## Assigned Plate Number

Signature

## Print Name of Person Signing Above

Telephone Number

